

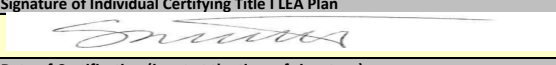


### Part 1: Local Educational Agency Information

<b>Name of Local Educational Agency</b>	<b>Name of LEA Executive Director (Public Charter Schools Only)</b>
Mundo Verde Bilingual Public Charter School	Kristin Scotchmer
<b>Full Address of Local Educational Agency</b>	<b>Email Address of LEA Executive Director (Public Charter Schools Only)</b>
3220 16th St NW Washington, DC 20010	<a href="mailto:kscotchmer@mundoverdepcs.org">kscotchmer@mundoverdepcs.org</a>
<b>Main Telephone Number of Local Educational Agency</b>	<b>Telephone Number of LEA Executive Director (Public Charter Schools Only)</b>
202-630-8373	202-630-8373
<b>Name of Primary LEA Contact for Title I LEA Plan</b>	<b>Name of Additional LEA Contact for Title I LEA Plan</b>
Stephanie Snyder	Maureen Dizon
<b>Position Title of Primary LEA Contact for Title I LEA Plan</b>	<b>Position Title of Additional LEA Contact for Title I LEA Plan</b>
Finance Specialist	Communications and Development Specialist
<b>Email Address of Primary LEA Contact for Title I LEA Plan</b>	<b>Email Address of Additional LEA Contact for Title I LEA Plan</b>
<a href="mailto:stephanie@ed-ops.com">stephanie@ed-ops.com</a>	<a href="mailto:mdizon@mundoverdepcs.org">mdizon@mundoverdepcs.org</a>
<b>Telephone Number of Primary LEA Contact for Title I LEA Plan</b>	<b>Telephone Number of Additional LEA Contact for Title I LEA Plan</b>
615-887-8068	202-630-8373

### Part 2: LEA Certification

I certify that all of the information contained in this application is true and accurate to the best of my knowledge.  
Additionally, I certify that the LEA agrees to all assurances included in the application.  
I have been authorized to file this application on behalf of the agency named above.

<b>Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)</b>	<b>Signature of Individual Certifying Title I LEA Plan</b>
Sara Elliott	
<b>Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)</b>	<b>Date of Certification (input at the time of signature)</b>
Chairperson of the Board of Directors	9.16.2013

**SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO [CON.APP@DC.GOV](mailto:CON.APP@DC.GOV).**

### OSSE Use Only

<b>Date Title I LEA Plan First Received:</b>	
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810 First Street, NE, 9th floor, Washington, DC 20002